REMARKS

This amendment is submitted in response to the Office Action dated 14 December 2007, the time to respond being until 14 March 2007. Claim 1 is amended, claims 2 and 3 were previously canceled, and claim 4 is canceled herein. Thus, claims 1 and 5-9 remain pending in this application.

The Examiner maintained his objection to the Abstract (which had been because in line 1 "that" was misspelled), however Applicant had previously amended the abstract to correct the earlier informality. The Examiner adds another new objection that the Abstract contains 157 words., and Applicant respectfully submits another 150-word Abstract which is Appended hereto as a replacement to overcome the new objection.

The Examiner rejects claims 1 and 4-8 under 35 U.S.C. 102(e) and (a) as being anticipated by a newly-cited reference, namely Douglas et al (U.S. Patent 6,039,688). According to the Examiner Douglas '688 teaches all the elements of claim 1. Douglass '688 is a therapeutic behavior modification program, compliance monitoring and feedback system that sets a series of milestones for an individual to achieve lifestyle changes. The system monitors the individual's compliance with the program by prompting the individual to enter health-related data, correlating the individual's entered data with the milestones and generating compliance data indicative of the individual's progress toward achievement of the milestones. The milestones are automatically set by correlating patient information such as age, sex, weight and information relating to the health, life situation and diagnostic category of the patient to established medical protocols for that type of patient. Based on the correlation, the system suggests a therapeutic program including goals relating to intake of calories from fat, exercise level, stress management counseling, and group support and compliance management frequency. The patient record and milestones are presented to the physician or case advisor who may confirm or edit the suggested program to modify the goals (block 1012, FIG. 60). To use the program, the patient logs into the

system network server and tracks their own progress. Reports are generated to the physician to allow them to modify the milestones. If, for example, a patient initially placed on a program of walking 15 minutes three times a week loses 5 pounds and lowers his or her blood pressure, the system might generate a report to the physician recommending an increase in the patient's walking time to 45 minutes per session. *Clearly*, the system is singularly devoted to automatically generating a program of patient health and wellness milestones and providing feedback to the patient and his/her doctor (or case worker).

In contrast, *the present system is devoted to tracking the effectiveness of the case worker, not the patient.* Not only is the fundamental purpose of the present system different, but so is the implementation. The present software is intended for a situation where multiple case workers are each attending to multiple patients, a situation where management oversight of the case workers is essential but heretofore not possible. The quality or effectiveness of social services has no baseline data for comparison. Douglas '688 does not teach or suggest any manner or means of tracking the physician's effectiveness.

The foregoing difference in primary purpose is apparent in the present system's implementation, which differs greatly from Douglass '688. The differences are clear in the present claims, but the Examiner gives the claim language an overly loose interpretation that effectively deprives them of their plain meaning.

The preamble of Claim 1 recites a system for providing quantitative accountability over a case worker for social services provided by a said case worker to a client. Per Merriam Webster, "social service" is an activity designed to promote social well-being; specifically: organized philanthropic assistance (as of the disabled or disadvantaged). The Examiner equates this to Douglass '688 at Fig. 1, #10, #14 shows a patient 10, doctor 12 and case worker 14, and a self-described system that provides two separate benefits: it helps the patient comply with the program through an electronically-implemented support mechanism; and further assists in

monitoring such compliance. The Douglass '688 system does not track the effectiveness of the case worker, only the patient.

The Examiner equates "collecting information relating to defined social services and providers with col. 19, II. 26-48, fig. 49-58, col. 19, I. 49 - col. 21, I. 5). Since this system is not concerned with provider accountability, the only information collected in regard to the case worker or physician is a password and username, as made clear by the Examiner's cited sections. Applicant believes that claim 1 is already distinguished in this regard but proposes a clarifying amendment to recite "collecting information relating to defined social services and case workers employed by said provider" to further distinguish.

The Examiner equates "collecting information relating to defined client barriers to productivity" with certain factors of health and behavior (fig. 5, and fig. 45, #306, #308). First of all, these goals are not defined client barriers to productivity. Claim 1 also requires collecting information relating to defined goal-oriented client outcomes, which is much more similar to Douglass' goals. However, this element requires "barriers to productivity" and the doctrine of claim differentiation compels that a different meaning be attached. "Barriers to productivity" is carefully defined in the present specification to be barriers to occupational progress (such as literacy), and includes barrier severity.[1] A "barrier" is something immaterial that impedes or separates, e.g., an obstacle [Merriam Webster]. These are not goals, these are barriers toward achieving a goal and Douglass '688 does not teach or suggest this. Note that as the social services are provided the case worker must track each of his subsequent client contacts devoted "toward reducing the specified barrier severity or eliminating the barrier completely." Whether the case worker fails to attend to the client or fails to track these contacts, it is the social worker

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[1] The barriers are discrete obstacles personal to each client which stand in the way of the case worker attaining a goal. For example, transportation may be a barrier to job placement if the client requires transportation to/from work. Other barriers may include Health Issues; Family Issues (e.g., divorce situation); Behavior (behavioral issues); Attitude; Weight; Personal Hygiene, Disability, Laziness; Money Management; Lack of Skills; and Literacy). This barriers data is used to populate a separate database table, which essentially becomes the

that becomes accountable, and Douglass '688 simply has no corollary ability to track his physicians or case workers. Applicant believes that claim 1 is already distinguished in this regard but proposes a clarifying amendment to add a further element "collecting information from each case worker at each subsequent instance of contact with a client including duration of said contact, and revised severity of each defined barrier to productivity for said client". This provides a better antecedent for "allowing a user to generate a report indicating reduction of said client barriers over time, thereby maintaining quantitative accountability for social services" also as required by claim 1. The Examiner equates this particular language in great generality to all of FIGs. 39-45, none of which have anything to do with provider accountability and so the examiner's prima facie anticipation rejection of claim 1 is overcome and claim 1 is patentably distinguished over Douglass '688.

Inasmuch as the limitations of claim 4 are moved into claim 1, claim 4 is herein canceled. Note that the Examiner equates the input of "barrier severity" to FIG. 5 item 51 of Douglass '688, which shows only the prescribed intensity of the patient's diet, exercise, etc. This has absolutely nothing to do with the severity of a defined barrier to productivity as defined above and the Examiner has simply ignored the plain meaning of this element.

In sum, the present method is not intended to assess physician quality of patient care, but only effectiveness of social workers in their counseling outcomes. The former allows a patient progress report but not the counselor progress report as provided by the present system.

Claims 2-3 were canceled previously.

With regard to claim 5, the Examiner contends that Douglas teaches the step of initiating a pre-determined query for allowing a user to generate a report assessing progress in reducing severity or eliminating said client barriers over time (met as shown by figs. 39-45). While Douglass has controls for initiating a query, there is no query for assessing progress in reducing

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baseline data by which progress can be analyzed.

severity or eliminating client barriers over time. These are method claims and the Examiner is not free to ignore the functional language. Douglas does not teach or suggest defining barriers at all (as described above), and therefore cannot be queried to assess progress in reducing severity or eliminating client barriers, and therefore claim 5 is believed to be patentable.

As to claim 6, the Examiner contends that measuring reduction of defined client barriers to success is the same as measuring success, and the latter is taught by Douglas (fig. 45, col. 18, II. 5-35). This perspective entirely overlooks the core concept of Applicant's system and is plain error in light of the foregoing rationale.

As to claim 7, the Examiner contends that Douglas teaches "periodically collecting information specifying said case worker's efforts toward reducing said defined client barriers over time." The capability of allowing a case worker to implement changes to the program does not equate to "periodically collecting information specifying said case worker's efforts toward reducing said defined client barriers over time", and again this loose construction of Applicant's claim language is plain error. Claim 6 is believed to be patentable.

Claim 8 requires at least one control for initiating a pre-determined query for allowing a user to generate a report assessing reduction of said client barriers over time, and at least one control for initiating a pre-determined query for allowing a user to generate a report assessing effectiveness of said case workers efforts toward reducing said defined client barriers over time. The Examiner contends that a report assessing the patient's progress also serves to assess the case worker's progress. This is wrong because Douglas is only capable of measuring outcomes. There is absolutely no concern with assessing the case worker effort that went into that outcome. It is impossible to assess the effort spent by a case worker in attaining a particular client outcome without tracking the case worker's effort, and the Examiner overlooks this fact. Claim 8 is patentably distinguished.

The Examiner also rejected claim 9 under 35 U.S.C. 103(a) as being obvious over

Douglas et al (U.S. Patent 6,039,688) on the ground that "Douglas teaches selecting from a predefined categorical list of progress elements (e.g., see fig. 45,." Behavioral Intention, Self-Efficacy, etc"). The Examiner acknowledges that Douglas does not teach educational advancement, but states that "education and motivation is a two-pronged approach to behavior modification (col. 14, II. 10-24). Claim 9 requires collecting information relating to defined goal-oriented client outcomes from *a predefined categorical list of progress elements* including job retention, finding a new job, wage increase, promotion, and educational advancement. The passing statement in Douglass that education and motivation is a two-pronged approach falls slightly short of collecting information relating to defined goal-oriented client outcomes from *a predefined categorical list of progress elements* including job retention, finding a new job, wage increase, promotion, and educational advancement. Claim 9 is patentably distinguished.

In view of the above, all pending claims 1 and 5-9 are believed to avoid all the rejections set forth in the Official Action. This Amendment was not earlier presented because it is responsive to entirely new grounds of rejection that Applicant was not earlier confronted with, and entry is respectfully requested. It is believed that the Amendment will facilitate prosecution as this case should be in condition for allowance A Notice to this effect is respectfully requested, and the Examiner is invited to call the undersigned at 410.385.2383 to discuss any remaining issues.

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Respectfully submitted,

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APPENDIX A: REPLACEMENT ABSTRACT

A system for social service case management that facilitates storage and querying of social services data in a knowledge base in order to provide quantitative accountability for social services via a navigable user interface. The method includes the tracking and assessment of social services based on a defined list of client barriers to success and an indication of the severity of each barrier, and then objectively tracking progress of the social worker based on the reduction of severity and/or elimination of those barriers. The method is implemented in software using a structured relational database whereby storage tables are inter-related by one or more shared fields. The foregoing method steps are administered by the social worker using a navigable user interface. The interface includes a plurality of single-click buttons each ~~for~~ initiating a pre-determined SQL query for allowing a user to generate a report for maintaining quantitative accountability for social services.